



## *Maine Department of Corrections Direct Hire Career Opportunity*

Downeast Correctional Facility

### **CORRECTIONAL CASEWORKER**

**CODE:** 5266

**BARGAINING UNIT:** Pro/Tech

**PAY GRADE:** 21

**SALARY:** \$32,656 - \$44,033

**Effective Date:** June 13, 2012

**Closing Date:** June 26, 2012

**DESCRIPTION:** This position provides casework services to adult male inmates at the Downeast Correctional Facility, a minimum security facility. The position creates individual treatment plans, counsels inmates, and works with other social service agencies. It may serve on various review teams.

**In order to be successful in this field you will need to have knowledge in areas such as:**

- principles and practices of correctional casework
- family therapy
- social agencies and their functions
- training or correctional programs
- coordinate community resources and services
- prepare social case histories
- lead group counseling sessions

**MINIMUM QUALIFICATIONS:** A Bachelor's Degree and two (2) years' experience, which provides knowledge of social casework, preferably in a correctional setting. ***SPECIAL NOTE:*** Individuals with four (4) years' professional case management experience and who were previously granted full licensure under grandfathering provisions authorized by the Maine State Board of Social Worker Licensure are exempted from the degree requirements.

**LICENSURE:** Full or conditional licensure as a Licensed Social Worker (LSW) as issued by the Maine State Board of Social Worker Licensure required within probationary period.

**TO APPLY:** Please submit a Direct Hire Application to:

Tim Cobb, Business Services Manager  
Downeast Correctional Facility  
64 Base Road  
Machiasport, ME 04655  
E-mail: timothy.cobb@maine.gov  
Phone: 207-255-1121

**INSURANCES/RETIREMENT:**

**\*Value of State-paid Health Insurance**

Level 1: 100% State Contribution (employee pays nothing): \$363.77 bi-weekly  
Level 2: 95% State Contribution (employee pays 5%): \$345.58 biweekly  
Level 3: 90% State Contribution (employee pays 10%): \$327.39 biweekly  
Level 4: 85% State Contribution (employee pays 15%): \$309.20 biweekly

\* The level of the actual value of state paid Health Insurance will be based on the employee's wage rate and status with regard to the health credit premium program as of July 1, 2011.

Value of State paid Dental Insurance: \$13.69 bi-weekly

Value of State's share of employee retirement contribution = 12.27% of pay

*Maine State Government is an Equal Opportunity/Affirmative Action Employer*



STATE OF MAINE  
DEPARTMENT OF CORRECTIONS  
111 STATE HOUSE STATION  
AUGUSTA MAINE  
04333-0111

PAUL R. LEPAGE  
GOVERNOR

JOSEPH PONTE  
COMMISSIONER

Dear Applicant,

Thank you for your interest in applying for a Correctional Caseworker position at Downeast Correctional Facility. Please be sure you have an accurate understanding of the job before you proceed further with the application. The person assigned to this position provides casework services to inmates at the Downeast Correctional Facility, a minimum security facility. Additional responsibilities include creating individual treatment plans, counseling inmates, working with other social service agencies, and possibly serving on various review teams.

In this package you will find:

- State of Maine Direct Hire Application
- Supplemental Questionnaire – required as part of the application and allows the department to conduct a thorough background check.
- Reference Forms (must complete 3 copies).

It is important that all job information you provide is true and accurate without omissions that could impact your suitability for this job. Please make sure that the contact information you provide on this application is up to date.

If you have any questions, feel free to contact me at [timothy.cobb@maine.gov](mailto:timothy.cobb@maine.gov) or by phone at (207)255-1121

Respectfully,

*Tim Cobb*

Downeast Correctional Facility

**BACKGROUND CHECK FOR EMPLOYMENT**  
Maine Department of Corrections  
**Downeast Correctional Facility**

*THE MAINE DEPARTMENT OF CORRECTIONS CONDUCTS A BACKGROUND CHECK WHICH INCLUDES THE FOLLOWING:*

- Department of Corrections records
- Motor Vehicle records
- Law Enforcement records
- Maine State Bureau of Identification
- Federal Bureau of Identification

Any **criminal conviction and/or juvenile adjudication** may disqualify you from consideration for this position. This includes motor vehicle violations that constitute crimes including OUIs/DWIs/OASs committed as an adult and/or as a juvenile.

**HAVE YOU EVER BEEN CONVICTED OF A CRIME AS AN ADULT OR ADJUDICATED OF ANY CRIME AS A JUVENILE? This includes crimes or juvenile crimes or their equivalent in any jurisdiction including federal, military, tribal, and other states or countries.**

**If YES, please explain:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Failure to disclose any of the above may be cause for disqualification and/or termination of your employment.

STATEMENT OF APPLICANT

I understand the following information will be utilized solely for the purpose of obtaining a background check as described above.

\_\_\_\_\_  
Title of Position Applying For

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Name Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number/Specify State

SUPPLEMENTAL QUESTIONS  
Maine Department of Corrections  
**Downeast Correctional Facility**

**Please take the time to thoroughly explain your responses to the following questions.**

1. Why do you want to work as a Correctional Caseworker at the Downeast Correctional Facility?
2. Do you have a career goal(s) in the corrections field?
3. Please tell us about any experience you have interacting with juveniles/prisoners/ or anyone else which might enhance your performance as a Correctional Caseworker.
4. Would you have a problem dealing with any particular type of offender?
5. Is there any part of this job, as you understand it, which you might be unwilling to do?
6. Do you know anyone who is a current or former prisoner/juvenile resident/probationer or has otherwise been in the custody or under the supervision of the Maine Department of Corrections?
7. Have you ever been a supervisor? When? Where? Explain what you did.
8. How did you hear about this position?
9. When are you available to begin?
10. If this is an adult facility: Do you have experience using firearms?
11. Can you perform the duties of this position, with or without accommodations?
12. On the following page, please list all other names you have ever used and your residences for the past 10 years.

**List all names you have ever used.**

1. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
2. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
4. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**List all residences for the last 10 years.**

1. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
2. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
4. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

REFERENCE INQUIRY FORM  
Maine Department of Corrections  
**Downeast Correctional Facility**

Applicant - Please complete the top section of all three forms

Your Printed Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ **CORRECTIONAL CASEWORKER** \_\_\_\_\_

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE  
DEPT. OF CORRECTIONS, DOWNEAST CORRECTIONAL FACILITY.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Employer's Section:**

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.

Thank you,  
Tim Cobb  
Downeast Correctional Facility

Are employment dates correct?

If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Job Title (classification): \_\_\_\_\_

|                    | Excellent | Above Average | Average | Below Average | Poor |
|--------------------|-----------|---------------|---------|---------------|------|
| Knowledge of Job   |           |               |         |               |      |
| Quality of Work    |           |               |         |               |      |
| Quantity of Work   |           |               |         |               |      |
| Dependability      |           |               |         |               |      |
| Attendance record  |           |               |         |               |      |
| Service in general |           |               |         |               |      |

|   | YES | NO |
|---|-----|----|
| Was applicant able to follow instructions as given: |     |    |
| Did applicant work in harmony with coworkers:       |     |    |
| Would you recommend applicant to us for employment: |     |    |

Wages: \$\_\_\_\_\_ per hour  day  week  month

Reason for leaving: laid off  discharged  resigned

Is applicant eligible for rehire? Yes  No

If not, please justify:

Additional Comments:

Completed by: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

REFERENCE INQUIRY FORM  
Maine Department of Corrections  
**Downeast Correctional Facility**

Applicant - Please complete the top section of all three forms

Your Printed Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ **CORRECTIONAL CASEWORKER** \_\_\_\_\_

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE  
DEPT. OF CORRECTIONS, DOWNEAST CORRECTIONAL FACILITY.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Employer's Section:**

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.

Thank you,  
Tim Cobb  
Downeast Correctional Facility

Are employment dates correct?

If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Job Title (classification): \_\_\_\_\_

*Continued on next page....*

|                    | Excellent | Above Average | Average | Below Average | Poor |
|--------------------|-----------|---------------|---------|---------------|------|
| Knowledge of Job   |           |               |         |               |      |
| Quality of Work    |           |               |         |               |      |
| Quantity of Work   |           |               |         |               |      |
| Dependability      |           |               |         |               |      |
| Attendance record  |           |               |         |               |      |
| Service in general |           |               |         |               |      |

|   | YES | NO |
|---|-----|----|
| Was applicant able to follow instructions as given: |     |    |
| Did applicant work in harmony with coworkers:       |     |    |
| Would you recommend applicant to us for employment: |     |    |

Wages: \$ \_\_\_\_\_ per hour  day  week  month

Reason for leaving: laid off  discharged  resigned

Is applicant eligible for rehire? Yes  No

If not, please justify:

Additional Comments:

Completed by: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

REFERENCE INQUIRY FORM  
Maine Department of Corrections  
**Downeast Correctional Facility**

Applicant - Please complete the top section of all three forms

Your Printed Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ **CORRECTIONAL CASEWORKER** \_\_\_\_\_

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE  
DEPT. OF CORRECTIONS, DOWNEAST CORRECTIONAL FACILITY.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Employer's Section:**

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.

Thank you,  
Tim Cobb  
Downeast Correctional Facility

Are employment dates correct?

If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Job Title (classification): \_\_\_\_\_

*Continued on next page....*

|                    | Excellent | Above Average | Average | Below Average | Poor |
|--------------------|-----------|---------------|---------|---------------|------|
| Knowledge of Job   |           |               |         |               |      |
| Quality of Work    |           |               |         |               |      |
| Quantity of Work   |           |               |         |               |      |
| Dependability      |           |               |         |               |      |
| Attendance record  |           |               |         |               |      |
| Service in general |           |               |         |               |      |

|   | YES | NO |
|---|-----|----|
| Was applicant able to follow instructions as given: |     |    |
| Did applicant work in harmony with coworkers:       |     |    |
| Would you recommend applicant to us for employment: |     |    |

Wages: \$ \_\_\_\_\_ per hour  day  week  month

Reason for leaving: laid off  discharged  resigned

Is applicant eligible for rehire? Yes  No

If not, please justify:

Additional Comments:

Completed by: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date



**State of Maine**  
(An Equal Opportunity Employer)

**Employment Application**  
(revised February 2011)

|           |            |      |                        |
|-----------|------------|------|------------------------|
| Last Name | First Name | M.I. | Social Security Number |
|-----------|------------|------|------------------------|

Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense under a different name?  
 Yes    No   If so, what is that name?

Name #1 \_\_\_\_\_ Name #2 \_\_\_\_\_

Name #3 \_\_\_\_\_ Name #4 \_\_\_\_\_

|                 |      |       |          |
|-----------------|------|-------|----------|
| Mailing Address | Town | State | ZIP Code |
|-----------------|------|-------|----------|

|              |              |               |
|--------------|--------------|---------------|
| Home Phone # | Work Phone # | Email Address |
|--------------|--------------|---------------|

|  |                               |
|--|-------------------------------|
| Title of the Job You're Applying For<br><b>CORRECTIONAL CASEWORKER</b> | Job Class Code<br><b>5266</b> |
|--|-------------------------------|

**Veteran's Preference:** See pamphlet "Veteran's Preference in Maine State Service" or go to [www.maine.gov/state\\_jobs/veteran.htm](http://www.maine.gov/state_jobs/veteran.htm) for more information. Provide DD214 and disability forms if applicable.

Not Claimed  
 5 Points (Requires DD214)  
 10 Points (Requires DD214 and VA Statement of Disability)

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States?  
 Yes    No

Are you at least 18 years of age?    Yes    No

Are you a present or former Maine State employee?    Yes    No

|                  |                 |                  |                |
|------------------|-----------------|------------------|----------------|
| Department _____ | Job Title _____ | Begin Date _____ | End Date _____ |
|------------------|-----------------|------------------|----------------|

Are you willing to work:    Saturdays    Sundays    Holidays

Do you have a current Maine driver's license?    Yes    No  
If yes, what type?    Class A    Class B    Class C

Are you willing to travel on the job?    Yes    No  
If yes, are you willing to use your own vehicle?    Yes    No

Are you willing to work overtime?    Yes    No   What shifts are you willing to work?    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>

**ADMINISTRATIVE SKILLS** (subject to formal testing and work sampling) WORDS PER MINUTE

Typewriter: \_\_\_\_\_   Keyboarding: \_\_\_\_\_

**FOREIGN LANGUAGE SKILLS**

|                |                                |                               |                                |
|----------------|--------------------------------|-------------------------------|--------------------------------|
| Language _____ | Speak <input type="checkbox"/> | Read <input type="checkbox"/> | Write <input type="checkbox"/> |
|----------------|--------------------------------|-------------------------------|--------------------------------|

Language

Speak

Read

Write

**Geographic Preference**

Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing the form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any areas, the bureau will automatically refer your name for all counties and employment types.

F = Full Time      P = Part Time      T = Temporary      S=Seasonal

|    |                | F                        | P                        | T                        | S                        |    |             | F                        | P                        | T                        | S                        |    |                | F                        | P                        | T                        | S                        |
|----|----------------|--------------------------|--------------------------|--------------------------|--------------------------|----|-------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0  | All Counties   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21 | Hancock     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42 | Piscataquis    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1  | Androscoggin   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22 | Bar Harbor  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43 | Dover-Foxcroft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Lewiston       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23 | Bucksport   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44 | Greenville     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Livermore      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24 | Ellsworth   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45 | Sagadahoc      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Aroostook      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25 | Kennebec    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46 | Bath           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Ashland        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26 | Augusta     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48 | Somerset       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Caribou        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27 | Augusta-RPC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49 | Skowhegan      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Fort Kent      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28 | Waterville  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50 | Waldo          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | Houlton        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29 | Knox        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51 | Belfast        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Madawaska      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 | Rockland    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52 | Washington     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Presque Isle   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31 | Thomaston   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53 | Bucks Harbor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Van Buren      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32 | Lincoln     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54 | Calais         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Cumberland     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33 | Boothbay    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55 | Eastport       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Portland       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34 | Oxford      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56 | Machias        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Brunswick      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 | Norway      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57 | York           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | South Portland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36 | Rumford     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58 | Biddeford      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Windham MCC    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37 | Penobscot   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 59 | Kittery        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Franklin       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38 | Bangor      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60 | Saco           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Farmington     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39 | Bangor BMHI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 61 | Sanford        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Rangeley       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 | Charleston  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    |                |                          |                          |                          |                          | 41 | Millinocket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Education**

| Last Yr Completed     | Name and Location | Sem Hrs | Qtr Hrs | Major | Minor | Yr Of Deg | Degree Type |
|-----------------------|-------------------|---------|---------|-------|-------|-----------|-------------|
| High School           |                   |         |         |       |       |           |             |
| College or University |                   |         |         |       |       |           |             |
| Grad School           |                   |         |         |       |       |           |             |
| Prof School           |                   |         |         |       |       |           |             |
| Other                 |                   |         |         |       |       |           |             |

### Licenses, Certifications and Registrations

| Name of License, Registration or Certification | License Number | State of Issue | Expiration Date |
|--|----------------|----------------|-----------------|
|  |                |                |                 |
|  |                |                |                 |
|  |                |                |                 |
|  |                |                |                 |

### Important instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

|  |   |
|--|---|
| <b>Employer #1</b>                           | From (mm/dd/yyyy): <span style="float: right;">To (mm/dd/yyyy):</span><br>- |
| Complete Address and phone number:           | Last Weekly Pay \$  |
| Your Title:                                  | Hours/Week:   |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title:  |
| Duties:                                      |   |
| Reason for Leaving:                          |   |
| <b>Employer #2</b>                           | From (mm/dd/yyyy): <span style="float: right;">To (mm/dd/yyyy):</span><br>- |
| Complete Address and phone number:           | Last Weekly Pay \$  |
| Your Title:                                  | Hours/Week:   |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title:  |

Duties:

|  |                            |                  |
|--|----------------------------|------------------|
| <b>Employer #3</b>                           | From (mm/dd/yyyy):         | To (mm/dd/yyyy): |
|  | -                          |                  |
| Complete Address and phone number:           | Last Weekly Pay \$         |                  |
| Your Title:                                  | Hours/Week:                |                  |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: |                  |
| Duties:                                      |                            |                  |
| <b>Employer #4</b>                           | From (mm/dd/yyyy):         | To (mm/dd/yyyy): |
|  | -                          |                  |
| Complete Address and phone number:           | Last Weekly Pay \$         |                  |
| Your Title:                                  | Hours/Week:                |                  |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: |                  |
| Duties:                                      |                            |                  |
| <b>Employer #5</b>                           | From (mm/dd/yyyy):         | To (mm/dd/yyyy): |
|  | -                          |                  |
| Complete Address and phone number:           | Last Weekly Pay \$         |                  |
| Your Title:                                  | Hours/Week:                |                  |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: |                  |
| Duties:                                      |                            |                  |
| <b>Employer #6</b>                           | From (mm/dd/yyyy):         | To (mm/dd/yyyy): |
|  | -                          |                  |
| Complete Address and phone number:           | Last Weekly Pay \$         |                  |
| Your Title:                                  | Hours/Week:                |                  |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: |                  |
| Duties:                                      |                            |                  |

Duties:

|  |
|--|
|  |
|--|

|  |                            |                  |
|--|----------------------------|------------------|
| <b>Employer #7</b>                           | From (mm/dd/yyyy):         | To (mm/dd/yyyy): |
|  | -                          |                  |
| Complete Address and phone number:           | Last Weekly Pay \$         |                  |
| Your Title:                                  | Hours/Week:                |                  |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: |                  |
| Duties:                                      |                            |                  |
| <b>Employer #8</b>                           | From (mm/dd/yyyy):         | To (mm/dd/yyyy): |
|  | -                          |                  |
| Complete Address and phone number:           | Last Weekly Pay \$         |                  |
| Your Title:                                  | Hours/Week:                |                  |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: |                  |
| Duties:                                      |                            |                  |
| <b>Employer #9</b>                           | From (mm/dd/yyyy):         | To (mm/dd/yyyy): |
|  | -                          |                  |
| Complete Address and phone number:           | Last Weekly Pay \$         |                  |
| Your Title:                                  | Hours/Week:                |                  |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: |                  |
| Duties:                                      |                            |                  |
| <b>Employer #10</b>                          | From (mm/dd/yyyy):         | To (mm/dd/yyyy): |
|  | -                          |                  |
| Complete Address and phone number:           | Last Weekly Pay \$         |                  |
| Your Title:                                  | Hours/Week:                |                  |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: |                  |

Duties:

|  |
|--|
|  |
|--|

**The State of Maine conducts background checks.**

Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered, military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include here any juvenile adjudications or traffic violations not listed above. Some positions require disclosure of juvenile adjudications. Applicants for these positions will be required to disclose juvenile adjudications on a supplemental form provided for that purpose.

Please print your answer (either "Yes" or "No") in the space provided: \_\_\_\_

If yes, please list: Offense(s) Date of Conviction(s)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Not all conviction(s) or adjudication(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

-----

**Please read and sign the following statement:** I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the State of Maine, the Department of Administrative and Financial Services, Bureau of Human Resources and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the State of Maine to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Bureau of Human Resources or its assignee to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

Signature \_\_\_\_\_

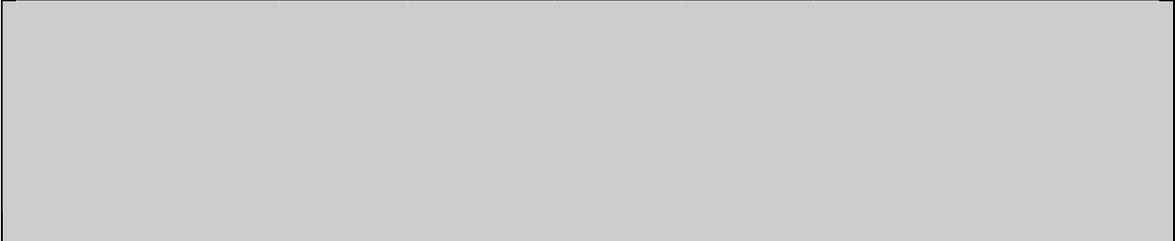
Date \_\_\_\_\_

**Human Resources Use Only**

|               |                 |             |   |  |
|---------------|-----------------|-------------|---|--|
| <b>Review</b> | <b>Initials</b> | <b>Date</b> | <input type="checkbox"/> <b>Closing Date</b>  | <b>Date Sent:</b>  |
| <b>1</b>      |                 |             | <input type="checkbox"/> <b>Supplemental Questions</b>  | <b>Date Due:</b>   |
| <b>2</b>      |                 |             | <input type="checkbox"/> <b>Qualified</b>   | <input type="checkbox"/> <b>Not Qualified</b>  |
| <b>3</b>      |                 |             | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Conditionally Qualified</b> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Reason</b> |

**Date Stamp**

| <b>Exam Components</b> | <b>%</b> | <b>Date</b> | <b>Results</b> | <b>Record</b> | <b>Comments</b>           |
|------------------------|----------|-------------|----------------|---------------|---------------------------|
| <b>MERS</b>            |          |             |                |               |                           |
| <b>T &amp; E</b>       |          |             |                |               |                           |
| <b>Written</b>         |          |             |                |               |                           |
| <b>PAT</b>             |          |             |                |               |                           |
| <b>Oral</b>            |          |             |                |               | <b>Convert Score From</b> |
| <b>Service Rating</b>  |          |             |                |               |                           |
| <b>1 Performance</b>   |          |             |                |               |                           |
| <b>2 Performance</b>   |          |             |                |               |                           |



**AGENCY PERSONNEL USE ONLY**

|                                      |   |                       |                        |
|--------------------------------------|---|-----------------------|------------------------|
| <b>Minimum Qualifications</b>        | <input type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b> | <b>Date</b>           | <b>Rater's Name</b>    |
| <b>Testing Record</b>                | <b>Results</b>  |                       |                        |
|                                      |   |                       |                        |
|                                      |   |                       |                        |
|                                      |   |                       |                        |
| <b>Hired in Classification Title</b> | <b>Agency</b>   | <b>Effective Date</b> | <b>Position Number</b> |

**Entry control Label**

**APPLICANT INFORMATION SURVEY**

INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are **not required** to furnish this information, but your cooperation is encouraged. The information on this form is CONFIDENTIAL. The page will be removed from your application prior to review and destroyed after data compilation.

**RACIAL/ETHNIC DEFINITIONS**

- 0. WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 1. BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
- 2. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 3. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- 4. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- 6. OTHER

1. I have read the paragraph above and do not wish to provide the information.

2. Enter your date of birth (month) (day) (year)

3. Enter your racial/ethnic group code number (refer to definitions at left)

4. What is your sex? A. Female B. Male

**DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:**

(The requirements are different from State Veterans Preference)

VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

**PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)**

5. Vietnam Era Veteran

6. Disabled Veteran

**DEFINITION FOR DISABILITY**

Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.

**PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)**

7. Have a disability as defined

8. Interview accommodations may be necessary due to a disability

## Filling of Vacancies

**CAREER OPPORTUNITY BULLETINS** are published by the Bureau of Human Resources to show typical duties, job requirements, geographic location, salary and availability. Bulletins are available at Maine CareerCenters and on the Internet at [http://www.maine.gov/state\\_jobs](http://www.maine.gov/state_jobs). Read the bulletin pertaining to each classification before making application, as supplemental information may be required.

**SEPARATE APPLICATIONS:** A complete application must be submitted for each separate classification title/code.

**SUPPLEMENTAL OR ADDITIONAL INFORMATION:** Answer questions or supply additional information to meet requirements as stated within the bulletin.

**CLOSED CLASSIFICATIONS:** Application material received for closed classes or after the closing date will be returned.

**ENVELOPES:** One self-addressed, stamped envelope (legal-size, #10) must be submitted with each application. *(Some job classifications require more than one envelope; if so, the Career Opportunity Bulletin will clearly indicate this.)* **STATE EMPLOYEES** may use the State Inter-Office Mail System. Envelopes will be sealed to ensure confidentiality.

**VOLUNTEER WORK:** Volunteer work is accepted towards meeting minimum entrance requirements and establishing a score through numerical evaluation of training and experience (T & E). Be sure to provide length and hours per week of assignments.

**RESUMES:** The information submitted on this application will be the basis for evaluating an applicant's training and experience. A resume may be used to supplement this information but not to replace any of the required information.

**COPIES OF THE APPLICATION:** Please retain a copy of your application before it is submitted to the Bureau of Human Resources.

**PROOF:** With this application, furnish required proof of military service, education, training, registration, certification or licensing. Legible duplicates of licenses, registrations, certifications, diplomas, transcripts and related documents are accepted.

**VERIFICATION OF WORK EXPERIENCE, EDUCATION AND TRAINING:** Reference checks will be completed by the hiring agency before selection. The agency may also verify registrations, certifications, licensing, education or training.

**HIRING INTERVIEWS:** Interviews are conducted by the agency. Please bring a resume and list of references to the interview.

**REGISTER:** An eligible register contains the names of all persons who have successfully completed all portions of the examination for the particular classification.

**UNCLASSIFIED EMPLOYEES:** Unclassified employees are treated as non-state employees for selection purposes in the classified service.

**PROBATION PERIOD:** All employees must complete at least a six-month probation period. This is part of the selection process.

